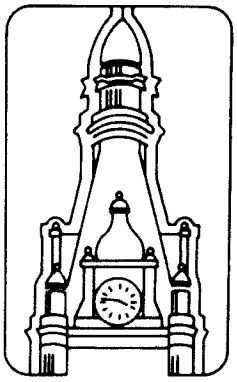
STANDARD INSURANCE COMPANY

CITY OF MILWAUKEE
ENHANCED LTD ENROLLMENT FORM
(MULTI - OPTION)



City of Milwaukee

Policy Number	Dept. No.	Employer Name *(Policyowner)*	☐ CITY ☐ HACM ☐ RACM ☐ MEDC	Social Security No.
626556		**City of Milwaukee**		

Member Name *(Last, First, M.I.)*	Sex ☐ M ☐ F	Birthdate *(Mo/Day/Yr)*

Date Employed *(Mo/Day/Yr)*	Occupation	Return To Work *(Mo/Day/Yr)*	Eff. Date of Ins. *(Mo/Day/Yr)* *Office Use Only*

Hours Worked Weekly for this Employer *(Excluding Overtime)*	Workplace Location *(City, State)*	Basic Earnings *(Gross from this Employer)* ☐ Biweekly ☐ Annual

I understand that I am currently enrolled in a basic long term disability insurance program through my employer and wish to enroll in the voluntary portion of the group long term disability insurance program. I authorize deductions from my wages to cover my contribution toward the cost of my insurance. I understand that if, after my initial selection, I wish to change Plan Options, my coverage under the new Option will be subject to any applicable Medical Evidence of Insurability requirements and Pre-Existing Condition Exclusions.

I wish to enroll in: ☐ Option A (120 days) ☐ Option B (90 days) ☐ Option C (60 days)

(Plan Specifications are detailed in the Certificate of Insurance)

Date	Signature of employee *(if enrolling in voluntary coverage)*

☐ I am currently enrolled in the Plan 2 voluntary group long term disability insurance program, but I elect to terminate my Plan 2 coverage. I understand that if I elect to re-enroll for Plan 2 voluntary coverage, my coverage will be subject to any applicable Medical Evidence Of Insurability Requirements and Pre-Existing Condition Exclusions.

Date:_____ Signature:_____

Group Administrator: Please maintain form in your file. Forward to Standard in the event of a claim only. (8/97)

INSTRUCTIONS

If you intend to enroll in one of the options of Plan 2, complete the enrollment card above, cut on the dotted line and return it to **DER/Employee Benefits Division, City Hall, Room 701, 200 East Wells Street, Milwaukee, WI 53202–3560**. If you have questions, please call Employee Benefits Division at **(414) 286-3184**, or Standard Insurance Company at **1-800-535-8465**.